CHAPTER 2
SECTION 7.2

PROVIDER EDIT REQUIREMENTS (ELN 100 - 199)

ELEMENT NAME:	AMERICAN HOSPITAL ASSOCIATION ID NUMBER (3-100)	
VALIDITY EDITS		
3-100-01V	MUST BE LEFT JUSTIFIED **AND** BLANK FILLED	
	OR BLANK.	
RELATIONAL EDITS		
3-100-01R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N NON-INSTITUTIONAL
	THEN AMERICAN HOSPITAL ASSOCIATION (AHA) ID NUMBER MUST= BLANK.	

ELEMENT NAME:	AHA MULTI-HOSPITAL SYSTEM CODE (3-105)	
VALIDITY EDITS		
3-105-01V	MUST BE NUMERIC **OR** BLANK.	
RELATIONAL EDITS		
3-105-01R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N NON-INSTITUTIONAL
	THEN AHA MULTI-SYSTEM CODE MUST = BLANK.	

ELEMENT NAME:	MEDICARE NUMBER (3-110)	
VALIDITY EDITS		
3-110-01V	**FIRST TWO** DIGITS MUST BE VALID MEDICARE STATE CODE, IF PRESENT (REFER TO CHAPTER 2, ADDENDUM B, FIGURE 2-B-2)	
	THIRD DIGIT MUST BE ONE OF THE FOLLOWING MEDICARE TYPE OF INSTITUTION CODES - 'S', 'T', 'U', 'W', 'Y', 'Z', '0', '1', '2', '3', '4', '5', '6', '7', '8', '9'	
	DIGITS 4-6 MUST BE NUMERIC	
RELATIONAL EDITS		
3-110-01R	IF PROVIDER STATE/COUNTRY CODE (THIRD POSITION) IS **NOT** BLANK	
	AND PROVIDER STATE/COUNTRY CODE ≠	PRI PUERTO RICO
	THEN MEDICARE NUMBER MUST = BLANK.	
3-110-02R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N NON-INSTITUTIONAL
	THEN MEDICARE NUMBER MUST = BLANK.	
3-110-03R	IF DRG EXEMPT/NON-EXEMPT INDICATOR =	N DRG NON-EXEMPT
	THEN MEDICARE NUMBER **CANNOT** = BLANK.	

ELEMENT NAME:	PROVIDER ACCEPTANCE DATE (3-115)

VALIDITY EDITS	
3-115-01V	MUST BE A VALID GREGORIAN DATE **OR** ALL ZEROES.

RELATIONAL EDITS	
3-115-01R	PROVIDER TERMINATION DATE ≥ PROVIDER ACCEPTANCE DATE
	OR PROVIDER TERMINATION DATE = ZEROES
3-115-02R	IF PROVIDER ACCEPTANCE DATE = ZEROES
	THEN PROVIDER TERMINATION DATE MUST = ZEROES

ELEMENT NAME:	PROVIDER TERMINATION DATE (3-120)

VALIDITY EDITS	
3-120-01V	MUST BE A VALID GREGORIAN DATE **OR** ALL ZEROES.

RELATIONAL EDITS	
3-120-01R	PROVIDER ACCEPTANCE DATE ≤ PROVIDER TERMINATION DATE

ELEMENT NAME:	RURAL/URBAN INDICATOR (3-125)

VALIDITY EDITS	
3-125-01V	MUST BE A VALID RURAL/URBAN INDICATOR.

RELATIONAL EDITS			
3-125-01R	IF THIRD POSITION OF PROVIDER STATE/COUNTRY CODE IS **NOT** BLANK		
	AND PROVIDER STATE/ COUNTRY CODE ≠	PRI	PUERTO RICO
	THEN RURAL/URBAN INDICATOR MUST = BLANK.		
3-125-02R	IF DRG EXEMPT/NON-EXEMPT INDICATOR =	C	DRG NON-EXEMPT/CONTRACTOR REIMBURSEMENT ARRANGEMENT **OR**
		N	DRG NON-EXEMPT
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN RURAL/URBAN INDICATOR MUST =	L	LARGE URBAN **OR**
		R	RURAL **OR**
		U	URBAN
	ELSE RURAL/URBAN INDICTOR MUST = BLANK		

ELEMENT NAME:	IDME RATIO (3-130)

VALIDITY EDITS	
3-130-01V	MUST BE NUMERIC.

RELATIONAL EDITS		
3-130-01R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN IDME RATIO MUST = ZEROES.	

Element Name:	IDME Ratio Effective Date (3-135)
Validity Edits	
3-135-01V	MUST BE A VALID GREGORIAN DATE **OR** ALL ZEROES.
Relational Edits	
3-135-01R	IF IDME RATIO = ZEROES
	THEN IDME RATIO EFFECTIVE DATE MUST = ZEROES

Element Name:	Area Wage Index (3-140)
Validity Edits	
3-140-01V	MUST BE NUMERIC.
Relational Edits	
3-140-01R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR = N NON-INSTITUTIONAL
	THEN AREA WAGE INDEX MUST = ZEROES.
3-140-02R	IF DRG EXEMPT/NON-EXEMPT INDICATOR = N DRG NON-EXEMPT
	THEN AREA WAGE INDEX MUST ≠ ZEROES.

Element Name:	Area Wage Index Effective Date (3-145)
Validity Edits	
3-145-01V	MUST BE A VALID GREGORIAN DATE **OR** ALL ZEROES.
Relational Edits	
3-145-01R	IF AREA WAGE INDEX = ZEROES
	THEN EFFECTIVE DATE MUST = ZEROES

ELEMENT NAME:	DRG EXEMPT/NON-EXEMPT INDICATOR (3-150)		
VALIDITY EDITS			
3-150-01V	MUST BE A VALID DRG EXEMPT/NON-EXEMPT INDICATOR		
RELATIONAL EDITS			
3-150-01R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN DRG EXEMPT/NON-EXEMPT INDICATOR MUST BE BLANK.		
3-150-02R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN DRG EXEMPT/NON-EXEMPT INDICATOR MUST **NOT** = BLANK.		
3-150-03R	IF THIRD POSITION OF PROVIDER STATE/COUNTRY CODE IS **NOT** BLANK		
	AND PROVIDER STATE/COUNTRY CODE ≠	PRI	PUERTO RICO
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN DRG INDICATOR MUST =	E	DRG EXEMPT
3-150-04R	IF INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	AND PROVIDER STATE/COUNTRY CODE =	MD	MARYLAND
	THEN DRG EXEMPT/NON-EXEMPT INDICATOR MUST =	E	DRG EXEMPT
3-150-05R	IF DRG EXEMPT/NON-EXEMPT INDICATOR =	C	DRG NON-EXEMPT/CONTRACTED REIMBURSEMENT ARRANGEMENT **OR**
		N	DRG NON-EXEMPT
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION MUST = DRG NON-EXEMPT TYPE OF INSTITUTION (REFER TO CHAPTER 2, ADDENDUM D).		

ELEMENT NAME:	DRG EXEMPT/NON-EXEMPT EFFECTIVE DATE (3-155)	
VALIDITY EDITS		
3-155-01V	MUST BE A VALID GREGORIAN DATE **OR** ALL ZEROES.	
RELATIONAL EDITS		
3-155-01R	IF DRG EXEMPT/NON-EXEMPT INDICATOR = BLANK	
	THEN DRG EXEMPT/NON-EXEMPT EFFECTIVE DATE MUST = ZEROES	

ELEMENT NAME:	TRANSACTION CODE (3-160)		
VALIDITY EDITS			
3-160-01V	TRANSACTION CODE MUST =	A	ADD A RECORD **OR**
		I	INACTIVATE A RECORD **OR**
		M	MODIFY A RECORD
RELATIONAL EDITS			
3-160-01R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN ZIP CODE (FIRST 5 DIGITS)		
	AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION MUST BE UNIQUE FOR THE PROVIDER TAXPAYER NUMBER.		
3-160-02R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND IF INSTITUTIONAL/ NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN PROVIDER TAXPAYER NUMBER		
	AND PROVIDER SUB-IDENTIFIER		
	AND ZIP CODE (FIRST 5 DIGITS)		
	MUST **NOT** ALREADY EXIST ON THE PROVIDER FILE.		
3-160-03R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	AND THE PROVIDER TAXPAYER NUMBER		
	AND ZIP CODE (FIRST 5 DIGITS) ARE THE SAME AS AN EXISTING RECORD ON THE PROVIDER FILE,		
	AND THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER IS ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN 001		
	THEN THE FIRST CHARACTER OF THE PROVIDER SUB-IDENTIFIER MUST MATCH AN EXISTING SUB-IDENTIFIER (WHICH ENDS IN '001') FOR THIS TAXPAYER NUMBER AND ZIP CODE (FIRST 5 DIGITS) ON THE PROVIDER FILE. THIS LEADING ALPHA PREFIX MUST BE FOLLOWED BY THREE UNIQUE NUMERIC DIGITS		
	OR THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER ARE ALPHABETIC, FOLLOWED BY A NUMBER OTHER THAN '01'.		
	THEN THE FIRST TWO CHARACTERS OF THE PROVIDER SUB-IDENTIFIER MUST MATCH AN EXISTING SUB-IDENTIFIER (WHICH ENDS IN '01') FOR THIS TAXPAYER NUMBER AND ZIP CODE ON THE PROVIDER FILE. THE ALPHA PREFIX MUST BE FOLLOWED BY TWO UNIQUE NUMERIC DIGITS.		
3-160-04R	IF TRANSACTION CODE =	A	ADD A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	AND THE FIRST CHARACTER OF THE SUB-IDENTIFIER IS ALPHABETIC		
	THEN PROVIDER TAXPAYER NUMBER AND ZIP CODE (FIRST 5 DIGITS) MUST NOT ALREADY EXIST ON THE PROVIDER FILE WITH AN ALL NUMERIC SUB-IDENTIFIER		

ELEMENT NAME:	TRANSACTION CODE (3-160) (CONTINUED)	
	UNLESS THE PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION CODE OF ONE OF THE MATCHING DATABASE RECORDS =	AMBULANCE SVC SUPPLIERS (FIRST 4 DIGITS) = 3416 **OR**
		AMBULATORY HEALTH CARE FACILITIES (FIRST 4 DIGITS) = 261Q **OR**
		CLINICAL MEDICAL LABORATORY = 291U00000X, 292D00000X **OR**
		HOME HEALTH CARE AGENCY = 251E00000X **OR**
		MEDICAL SUPPLIERS (FIRST 3 DIGITS) = 332 **OR**
		PHARMACY = 333600000X **OR**
		FACILITY CHARGES = 251G00000X, 273R00000X, 273Y00000X, 276400000X, 281P00000X, 281PC2000X, 282N00000X, 282NC2000X, 282NW0100X, 283Q00000X, 283X00000X, 284300000X, 287300000X, 313M00000X, 314000000X, 315D00000X, 315P00000X, 320600000X, 322D00000X
3-160-05R	IF TRANSACTION CODE =	A ADD A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N NON-INSTITUTIONAL
	AND PROVIDER SUB-IDENTIFIER IS NUMERIC	
	AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION ≠	AMBULANCE SVC SUPPLIERS (FIRST 4 DIGITS) = 3416 **OR**
		AMBULATORY HEALTH CARE FACILITIES (FIRST 4 DIGITS) = 261Q **OR**
		CLINICAL MEDICAL LABORATORY = 291U00000X, 292D00000X **OR**
		HOME HEALTH CARE AGENCY = 251E00000X **OR**
		MEDICAL SUPPLIERS (FIRST 3 DIGITS) = 332 **OR**
		PHARMACY = 333600000X **OR**
		FACILITY CHARGES = 251G00000X, 273R00000X, 273Y00000X, 276400000X, 281P00000X, 281PC2000X, 282N00000X, 282NC2000X, 282NW0100X, 283Q00000X, 283X00000X, 284300000X, 287300000X, 313M00000X, 314000000X, 315D00000X, 315P00000X, 320600000X, 322D00000X
	THEN NO PROVIDER RECORD MAY EXIST ON THE PROVIDER FILE WITH THE SAME PROVIDER TAXPAYER NUMBER AND ZIP CODE (FIRST 5 DIGITS) **AND** AN ALPHABETIC CHARACTER IN THE SUB-IDENTIFIER.	
	UNLESS A PROVIDER WITH THE SAME PROVIDER TAXPAYER NUMBER AND ZIP CODE WITH A NUMERIC SUB-IDENTIFIER	

ELEMENT NAME:	TRANSACTION CODE (3-160) (CONTINUED)		
	AND PROVIDER MAJOR SPECIALTY/TYPE OF INSITITUTION =		FACILITY CHARGES = 251G00000X, 273R00000X, 273Y00000X, 276400000X, 281P00000X, 281PC2000X, 282N00000X, 282NC200X, 82NW0100X, 283Q00000X, 283X00000X, 284300000X, 287300000X, 313M00000X, 314000000X, 315D00000X, 315P00000X, 320600000X, 322D00000X
	ALREADY EXISTS ON THE PROVIDER FILE.		
3-160-06R	IF TRANSACTION CODE =	I	INACTIVATE A RECORD **OR**
		M	MODIFY A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	I	INSTITUTIONAL
	THEN AN ACTIVE PROVIDER RECORD MUST EXIST ON THE PROVIDER FILE FOR THE SAME PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE, AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION. (IN THE CASE OF FOREIGN COUNTRY, ZIP WILL BE BLANK; ANY DUPLICATES ADDED WILL HAVE TO BE ASSIGNED ANOTHER PROVIDER TAXPAYER NUMBER.)		
3-160-07R	IF TRANSACTION CODE =	I	INACTIVATE A RECORD **OR**
		M	MODIFY A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	THEN AN ACTIVE PROVIDER RECORD MUST EXIST ON THE PROVIDER FILE FOR THE SAME PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, AND PROVIDER ZIP CODE.		
3-160-08R	IF TRANSACTION CODE =	I	INACTIVATE A RECORD
	AND INSTITUTIONAL/NON-INSTITUTIONAL INDICATOR =	N	NON-INSTITUTIONAL
	AND PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION =		MULTI-SPECIALTY GROUP = 193200000X
			SINGLE-SPECIALTY GROUP = 193400000X
	THEN ALL ASSOCIATED RECORDS USING THE SAME PROVIDER TAXPAYER NUMBER AND PROVIDER ZIP CODE AND THE SAME ALPHA PREFIX OF THE SUB-IDENTIFIER MUST ALSO BE INACTIVATED.		

ELEMENT NAME:	RECORD EFFECTIVE DATE (3-165)
VALIDITY EDITS	
3-165-01V	MUST BE A VALID GREGORIAN DATE.
RELATIONAL EDITS	
	NONE